

CL# 10201953
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\$388.00 K.R.
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2009 DEC -7 PM 2:48

TIDEWATER

UTILITIES INC.

PSC DOCKET #

09 - CPCN - 45

PSC DOCKET #

09 - CPCN - 45

Dkt Room
Lefisha
Donna
Katie
Alisa

Certificate of Public Convenience and
Necessity Application

ORIGINAL

DO NOT REMOVE FROM OFFICE

Kent County

Kent 11209

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

December 7, 2009

Mr. Kevin Neilson
Public Service Commission
861 Silver Lake Blvd.
Suite 100
Dover, DE 19904

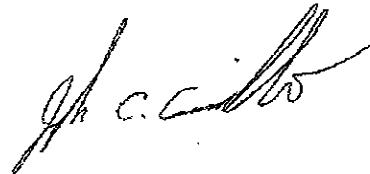
Re: CPCN Application – Kent 11209

Dear Mr. Neilson;

Enclosed you will find the CPCN application for Kent 11209 area located in Kent County, Delaware.

Two original and ten copies of the application have been included. A check payable to the Public Service Commission in the amount of \$300.00 has also been included for the application fee. If I can be of further assistance upon your review, please do not hesitate to contact me at 302-734-7500 Ext. 1014.

Respectfully,



Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities, Inc.

cc: Mr. Grover P. Ingle, SFMO w/enclosures
cc: Mr. Ed Hallock, DPH w/enclosures
cc: Ms. Katherine Bunting-Howarth, DNREC w/enclosures

TIDEWATER

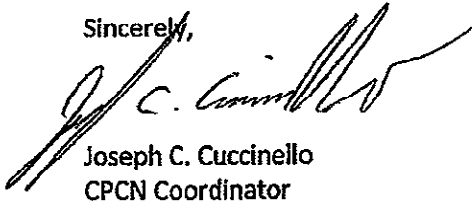
UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

Dear Lefeisha Williamson,

On October 19, 2009, it was explained to Joe Cuccinello that the PSC Staff was changing its CPCN applicatoin submitall requirement from 15 copies to five total copies (2 original copies and 3 photocopied versions). If this is not correct please notify me at (302) 734-7500 ext. 1014 or jcuccinello@tuiwater.com, and I will make sure the correct amount of copies are provided to you. Thank you.

Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY REQUIRED
TO BEGIN OR EXPAND THE BUSINESS
OF A PUBLIC WATER UTILITY**

BEFORE THE PUBLIC SERVICE COMMISSION

Application Fee \$300 for filing each extension to a CPCN
 \$750 for filing each original application for new water utility 26 Del. C. §114(a)

This form of application must be filed for each new and expanding water system pursuant to 26 Del. C. §203C.

WATER UTILITIES: Kent 11209

1. Basis for application:

- ☐ a. Water in the proposed service area does not meet the Regulations Governing Public Drinking Water Systems of the State Board of Health for human consumption; {26 Del. C., §203C (d)(2)(a)}; or
- ☐ b. Water supply in the proposed service area is insufficient to meet the projected demand; 26 Del. C., §203C (d)(2)(b)}; or
- ☐ c. The applicant is in possession of a signed service agreement with the developer of a proposed subdivision or development, which subdivision or development has been duly approved by the respective county government; {26 Del. C., §203C (e)(1)(a)}; or
- ☒ d. The applicant is in possession of a petition signed by all of the parcel owners of the proposed territory to be served; {26 Del. C., §203C (e)(1)(b)}; or **Exhibit A**
- ☐ e. The applicant is in possession of a duly certified copy of a resolution from the governing body of a county or municipality requesting the applicant to provide service to the proposed territory to be served; {26 Del. C., §203C (e)(1)(c)}.

2. To obtain a Certificate of Public Convenience and Necessity ("CPCN") to provide adequate water service to customers and meet the Regulations Governing Drinking Water Standards of the State Board of Health for human consumption {26 Del. C., §203C(a)}.

3. Tidewater Utilities, Inc. requests an informal fact finding procedure during review of application.

4. (a.) Full legal name and address of Applicant:

Tidewater Utilities, Inc.
1100 South Little Creek Road
Dover, Delaware 19901

 (b.) Full name of the Utility's designated representative:

Joseph C. Cuccinello
Emily R. Opdyke

 (c.) Phone no: 302-734-7500 X1014 or X1012

 (d.) Fax no: 302-734-9297

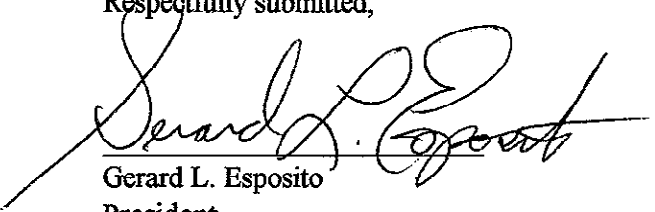
 (e.) Email address: jcuccinello@Tuiwater.com or eopdyke@tuiwater.com

5. Supporting documentation required by 26 Del. C. §203C(e)(1), including evidence that all landowners of the proposed territory have been notified of application: **Exhibit B**

6. A complete list of county tax map parcel number(s) for the area covered by the application: **Exhibit C**


7. A complete list of county tax map parcel number(s) with corresponding names and addresses of property owners and a copy of the tax map(s) for the area: **Exhibit C**
8. The Applicant hereby certifies that the extension will satisfy the provisions of 26 Del. C. §403C, including:
 - (a.) The Applicant is currently furnishing water to its present customers in Delaware in such a fashion that water pressure at every house supplies is at least 25 psi at all times at the service connection.
 - (b.) The Applicant shall furnish water to the house or separate location of each new customer in the Delaware at a pressure of at least 25 psi at each location or house at all times at the connection while continuing also to supply each old customer at a pressure of at least 25 psi at each house at all times at the service connection.
 - (c.) The Applicant is currently not subject to a finding by the appropriate federal or state regulatory authority that we have materially failed to comply with applicable safe drinking water or water quality standards; and
 - (d.) The Applicant is currently not subject to any Order issued by the Commission finding that Tidewater Utilities, Inc. has materially failed to provide adequate or proper safe water services to existing customers.
9. Copies of petitions signed by landowners showing a majority of the parcel owners of the proposed territory to be served agree with the filing of a CPCN to permit Applicant to provide them with public water. **Exhibit A**
10.
 - (a.) A copy of the application must be sent to State Fire Marshall, Public Health Department, and Department of Natural Resources.
 - 1.) The current status of such application is: **Sent**
 - (b.) The Applicant provides the following additional information with this application;
 - 1.) A corporate history including dates of incorporation, subsequent acquisitions and/or mergers, **On PSC File**
 - 2.) A chart, which depicts the inter-company relationships, **On PSC File**
 - 3.) A map identifying all areas, including all towns, cities, counties and other governments subdivisions to which service is already provided, **On PSC File**
 - 4.) All copies of Applicant's annual reports to stockholders and that of its subsidiaries, and parent for the last two years, **On PSC File**
 - 5.) Applicant's audited financial statements, 10K's and all proxy material for the last two years, **On PSC File**
 - 6.) Any additional information required by PSC Staff will be made available on request.

Respectfully submitted,


Gerard L. Esposito
President

Certification of Landowner Information Accuracy

By submitting this application, Tidewater Utilities, Inc. hereby certifies that we have reviewed the appropriate tax or land record documents; and that according to those documents, the landowners identified in the parcel lists are the landowners of record and that the petitions contained in this application have been signed by the landowners of record.



Joseph C. Cuccinello
CPCN Coordinator

EXHIBIT A

Tidewater (TUI) - Water Petition

1-800-523-7224

www.tuiwater.com

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): NM00-111.02-02-30.00

NM00-111.02-02-28.00

Property Owner(s): Gus C. Dove Revocable Trust
296 Kesselring Ave
Dover, DE 19904

Owner's Signature(s): **X** Gus C Dove

Date: 21 Sept 2009

Owner's Signature(s): **X** _____

Date: _____

Please sign and date at the **X** and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

wncd

A-09-032
P-09-0204 & 0205

Tidewater (TUI) - Water Petition

1-800-523-7224

www.tuiwater.com

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

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Tax Parcel Number(s): NM00-112.00-01-01.24

Property Owner(s): Donald R & Edith E Hannah
1600 Peachtree Run
Magnolia, DE 19962

Owner's Signature(s):



Date:

19 Aug 09

Owner's Signature(s):



Date:

19 Aug 09

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

wmod

A-09-032
P-09-0187

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): MN00-185.00-01-35.00

Property Owner(s): Ronnie K Mitchell
PO Box 128
Tillery, NC 27887

Owner's Signature(s): ☒ Ronnie K Mitchell

Date: 9/10/2009

Owner's Signature(s): ☒ _____

Date: _____

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

zn56

A-09-032
P-09-0198

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s):  NM00-108.00-01-28.00

Property Owner(s): John R & Patricia A Savoy
PO Box 339
Claymont, DE 19703

Owner's Signature(s):  _____

Date: 10/21/09

Owner's Signature(s):  _____

Date: 10/21/09

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

zn62

A-09-032
P-09-0217

Tidewater (TUI) - Water Petition

1-800-523-7224

www.tuiwater.com

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): MN00-184.00-01-15.01

Property Owner(s): Charles C & Dianne S Tanner
15 Drawbridge Ln
Grand Isle, VT 05458

Owner's Signature(s): **X** Charles C Tanner III Date: 9/9/2009

Owner's Signature(s): **X** Dianne S. Tanner Date: 9/9/2009

Please sign and date at the **X** and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

zn56

A-09-032
P-09-0192

Tidewater (TUI) - Water Petition

1-800-523-7224

www.tuiwater.com


**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): MN00-191.00-01-41.00

Property Owner(s): Rosellen Wimsatt
52 Camden Circle
Pawley Island, SC 29585

Owner's Signature(s):

☒ 

Date:

9/17/2009

Owner's Signature(s):

☒

Date:

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

zn56

A-09-032
P-09-0209

EXHIBIT B

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8907

Gus C. Dove Revocable Trust
296 Kesselring Ave
Dover, DE 19904

Dear Gus C. Dove Revocable Trust,

Tidewater Utilities Inc. (Tidewater) would like to thank you for the receipt of your signed petition requesting Tidewater to provide water service to your property, NM00-111.02-02-30.00 and NM00-111.02-02-28.00 located in **Kent County**.

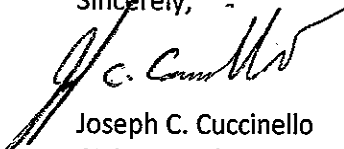
Tidewater will be submitting an application for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC) on or about **December 7, 2009**. Included with this letter is information that we are required to provide to all landowners within a proposed service territory prior to filing the application for a CPCN.

When the CPCN is granted, Tidewater will have the permission to provide public water service to your parcel. It is important for you, as the landowner, to know that when water service is made available to your parcel you are not obligated to connect to our water system as long as your current water supply is functioning properly. If you agree to have your property be part of this proposed service area, no action on your part is required at this time.

Tidewater understands that customer satisfaction and quality water are the foundation of our business. In 2007 Tidewater was awarded the Torch Award by the Delaware Better Business Bureau for our Marketplace Ethics. Tidewater a part of Middlesex Water Company was recently named one of America's 100 most trustworthy publicly traded firms according to Audit Integrity, Inc. In addition, Tidewater was voted Best Tasting Water in 2007 by Delaware Rural Water Association.

If you have any questions in regards to this matter please feel free to contact me at 1-800-523-7224 ext. 1014.

Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8914

Donald R & Edith E Hannah
1600 Peachtree Run
Magnolia, DE 19962

Dear Donald R & Edith E Hannah,

Tidewater Utilities Inc. (Tidewater) would like to thank you for the receipt of your signed petition requesting Tidewater to provide water service to your property, NM00-112.00-01-01.24 located in Kent County.

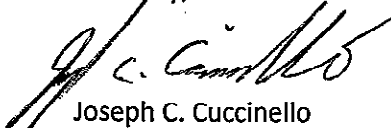
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Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8921

Ronnie K Mitchell
PO Box 128
Tillery, NC 27887

Dear Ronnie K Mitchell,

Tidewater Utilities Inc. (Tidewater) would like to thank you for the receipt of your signed petition requesting Tidewater to provide water service to your property, MN00-185.00-01-35.00 located in Kent County.

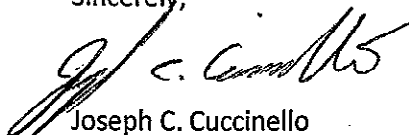
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Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8938

John R & Patricia A Savoy
PO Box 339
Claymont, DE 19703

Dear John R & Patricia A Savoy,

Tidewater Utilities Inc. (Tidewater) would like to thank you for the receipt of your signed petition requesting Tidewater to provide water service to your property, NM00-108.00-01-28.00 located in **Kent County**.

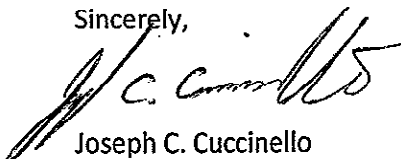
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Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8945

Charles C & Dianne S Tanner
15 Drawbridge Ln
Grand Isle, VT 05458

Dear Charles C & Dianne S Tanner,

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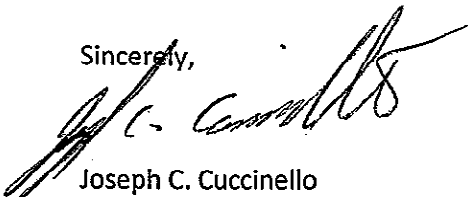
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Sincerely,



Joseph C. Cuccinello
CPCN Coordinator

TIDEWATER

UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

November 2, 2009

Certified Mail # 7007 3020 0002 5598 8952

Rosellen Wimsatt
52 Camden Circle
Pawley Island, SC 29585

Dear Rosellen Wimsatt,

Tidewater Utilities Inc. (Tidewater) would like to thank you for the receipt of your signed petition requesting Tidewater to provide water service to your property, MN00-191.00-01-41.00 located in Kent County.

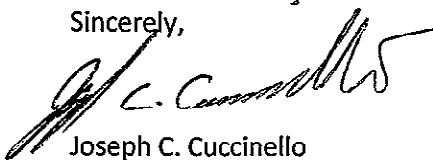
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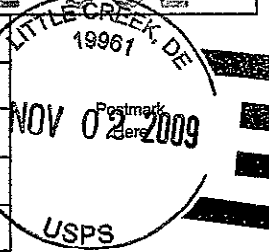
Joseph C. Cuccinello
CPCN Coordinator

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.44
Certified Fee 2.50
Return Receipt Fee
(Endorsement Required) 2.50
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$ 5.54



Sent To
Street, or PO E Gus C. Dove Revocable Trust
City, St 296 Kesselring Ave
Dover, DE 19904
PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gus C. Dove Revocable Trust
296 Kesselring Ave
Dover, DE 19904

2. Article Number
(Transfer from service label)

7007 3020 0002 5598 8907

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Gus C. Dove*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/04/09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

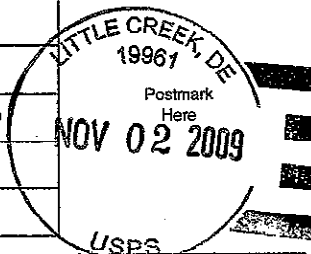
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44
Certified Fee	280
Return Receipt Fee (Endorsement Required)	230
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54



Sent To

Street or PO: Donald R & Edith E Hannah
 City, State: 1600 Peachtree Run
 Magnolia, DE 19962

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald R & Edith E Hannah
 1600 Peachtree Run
 Magnolia, DE 19962

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *D. Hannah*

C. Date of Delivery: *11-3-09*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0002 5598 8914

PS Form 3811, February 2004

Domestic Return Receipt

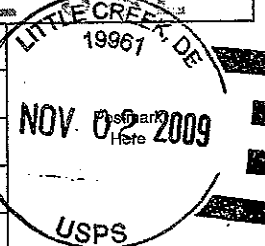
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54



Sent To

Street or PO **Ronnie K Mitchell**
PO Box 128
 City **Tillery, NC 27887**

PS Form 3800, August 2006 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronnie K Mitchell
 PO Box 128
 Tillery, NC 27887

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
James Grant

B. Received by (Printed Name) *JAMES GRANT* C. Date of Delivery *11-7-09*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 3020 0002 5598 8921

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.44	LITTLE CREEK, DE 19961 NOV 02 2009 USPS
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To

John R & Patricia A Savoy
 PO Box 339
 Claymont, DE 19703

PS Form 3800, August 2006 See Reverse for Instructions

DER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article addressed to:

John R & Patricia A Savoy
 PO Box 339
 Claymont, DE 19703

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Julie Warner	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Julie Warner	C. Date of Delivery 10/3/09
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number
 Transfer from service label

7007 3020 0002 5598 8938

Form 3811, February 2004

Domestic Return Receipt

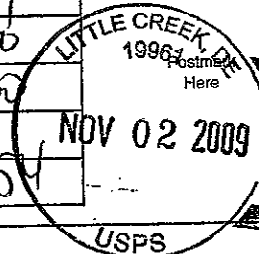
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 44
 Certified Fee 2.80
 Return Receipt Fee
 (Endorsement Required) 2.30
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$ 5.54



Sent to

Charles C & Dianne S Tanner
 15 Drawbridge Ln
 Grand Isle, VT 05458

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles C & Dianne S Tanner
 15 Drawbridge Ln
 Grand Isle, VT 05458

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
 X Dianne Tanner ☐ Addressee
 B. Received by (Printed Name) Dianne Tanner C. Date of Delivery 11.4.09
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 3020 0002 5598 8945

PS Form 3811, February 2004

Domestic Return Receipt

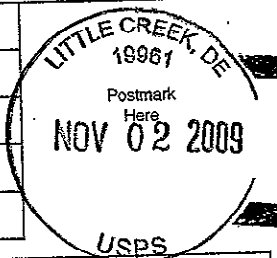
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 44
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 55.4



Sent To

Street or P.O. Box
 City, State, ZIP+4®
 Rosellen Wimsatt
 52 Camden Circle
 Pawley Island, SC 29585

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or the front if space permits.

Article Addressed to:

Rosellen Wimsatt
 52 Camden Circle
 Pawley Island, SC 29585

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Addressee ☐ Agent
X Rosellen Wimsatt NOV 02 2009
 B. Received by (Printed Name) C. Date of Delivery
Rosellen Wimsatt 11-6-09
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ Yes

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
 (Transfer from service label)

7007 3020 0002 5598 8952

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT C

MAPS

SEE

ORIGINALS

IN DOCKET